

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 117799	RECEIPT DATE:	08 / 06 / 98
IA NUMBER:	PCT / DE97 / 00205	IA FILING DATE:	02 / 03 / 97
FAMILY NAME:	WOLFGANG	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	FRAAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 06 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P98,1428	COUNTRY:	DEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
NAME:	HILL STEADMAN & SIMPSON	FAX	
STREET:	85TH FLOOR SEARS TOWER		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	60606
EMAIL:			
APPLICATION TITLES:	DIGITAL SIGNAL TRANSMISSION SYSTEM		

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/117,799	FILING DATE 08/06/98	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. P98.1428
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APPLICANT  
WOLFGANG FRAAS, WOLFRATSHAUSEN, FED REP GERMANY; KLAUS HUNLICH, NEUCHING, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

(none) 55

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/DE97/00205 02/03/97

(Yes) 55

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FED REP GERMANY 196 04 244.5

02/06/98

96  
96

(Yes) 55

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
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ADDRESS SCHIFF HARDIN & Waite HILL STEADMAN & SIMPSON 6600 SPOKES TOWER 85TH FLOOR SEARS TOWER CHICAGO IL 60606-6473	Verifier's Initials SCHIFF HARDIN & Waite HILL STEADMAN & SIMPSON 6600 SPOKES TOWER 85TH FLOOR SEARS TOWER CHICAGO IL 60606-6473	Initials
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TITLE DIGITAL SIGNAL TRANSMISSION SYSTEM	
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FILING FEE RECEIVED \$930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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